



# ABBOTT INSURANCE

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## Professional Indemnity Quote Request

Client Name	
Current Insurer	
Due Date	
Target Premium	
Abbotts' Contact	

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call  
01383 511442



**CONTACT DETAILS**

<b>Company Name &amp; Status</b>	<b>1.</b>	Business Name			
		Contact Name			
		Status	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Registered Charity <input type="checkbox"/>		
		Address			
		Telephone		Postcode	
		E-mail		Fax	
				Web Site	www.

**DEMANDS & NEEDS**

**2.** This Quote Request is fundamental to our research for insurance cover that meets the demands & needs of a business owner who wishes to have insurance cover in place to:

- be indemnified for their legal liabilities resulting from the provision of professional services or advice
- be indemnified for their legal liabilities to their employees through liability insurance
- be indemnified for their legal liabilities to the public through liability insurance

The details in this Quote Request records the information you have supplied to allow us to research insurance companies and insurance products that meet your requirements.

The information recorded in this document has been material in our assessment of

- 1) your eligibility for insurance policies available,
- 2) the terms and conditions applying to the policies being offered or recommended;
- 3) the insurance premium quoted.

Please check this document carefully. If there are any errors or omissions, please contact us immediately. Failure to do so could result in the subsequent insurance policy being invalidated from inception or a claim being repudiated.

**BUSINESS DETAILS**

**Details**

**3.** Date Established:

How many years experience do you have in this trade?

Names of Principals:

Nature of Business:

Please describe fully your business activities

**Contracts**

Please give details of the five largest contracts you have carried out in the past three years

Name of Client	Nature of their business	Service provided by you	Total value of contract	Income to you from the contract
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Within the past three years, what is the approximate average value of the contracts you have been involved in?  £

**Activities**

a) What are the current activities of the Firm?

b) Have these activities altered substantially since establishment?  Yes  No

If yes, please give details

c) Do you agree to be bound by jurisdictions other than UK?  Yes  No

d) Do you use a standard form of contract, agreement or letter of appointment with your customers?  Yes  No

If yes, please give details and attach a copy.

**AREAS OF WORK**

**Areas of Work**

4. In which geographical areas do you work?

UK	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Europe	<input type="checkbox"/>
WW excluding North America	<input type="checkbox"/>	WW including North America	<input type="checkbox"/>		

Do you work in any hazardous locations?

Yes  No

If you have answered yes to the above, please give details.

**INSURANCE SUMMARY**

**Current Insurance**

5. Current Insurer  
Renewal Date  
Excess  
Last Premium

£
£

**Core Covers**

Public Liability	£	1,000,000
Employers Liability	£	10,000,000
Professional Indemnity	£	500,000

**Optional Covers**

Personal Accident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
Event Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Off-Shore Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>

**BUSINESS PROFILE****Turnover**

6. We need to know your turnover including fee income and where it comes from. Please fill out the table below:

	Last Complete year	Current year	Estimate for coming year
Total Turnover including fee income	£	£	£

Estimated percentage split of your turnover including fee income for

Work carried out for UK clients	%	%	%
Work carried out for overseas clients excluding USA & Canada	%	%	%
Work carried out for USA/Canada clients subject to non USA/Canada law	%	%	%
Work carried out for USA/Canada clients under a contract subject to USA/Canada law	%	%	%

**Staff Details**

Please include labour only sub-contractors as employees.

	Number of Employees	Annual Wages
Professionally Qualified		£
Technical Staff		£
Clerical & Administrative		£
Bona-Fide Sub-Contractors		£
Others		£
Total		£

**Sub Contractors**

Do you ever use independent sub-contractors

Yes  No

If Yes,

a) What percentage of your turnover is paid to sub-contractors?

%

b) For which work are they used?

c) Do you ensure they have their own PI Insurance?

Yes  No

**Associated and subsidiary companies**

We can extend this insurance to include associated or subsidiary companies provided that they are listed below or on a separate sheet and all the information you give in this proposal form relates to all of the companies named.

Name			
Address			
	Postcode		
Telephone	Fax		
E-mail	Web Site		

Name			
Address			
	Postcode		
Telephone	Fax		
E-mail	Web Site		

Have you ever conducted business with any other company with which you have a financial or managerial connection? If YES, give full details:

Yes  No

N.B Any claim arising from such work is excluded under the PI policy unless the claim emanates from a third party.

**You and / or your partners and directors**

Please list below your details and those of any partners or directors of the companies listed above.

Name	Qualifications	Years in Industry

When a partner or director has been working in the relevant industry for less than 5 years, please send us their brief CV along with this proposal form.

**Membership of professional organisations**

Are you a member of any professional organisations or trade associations?

Yes  No

If Yes, please give details

### Optional Covers

#### PERSONAL ACCIDENT & ILLNESS

<b>Personal Accident</b>	7.	Capital Sum	£
		Death Benefit	£
		Weekly Benefit	£
		Jurisdiction	<input type="checkbox"/> UK <input type="checkbox"/> Europe <input type="checkbox"/> world-wide <input type="checkbox"/> 24 x 7 <input type="checkbox"/> working hours only
<b>Illness</b>		Weekly Benefit	£
		Are you in a good state of health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Hazards</b> <i>If yes, please give details</i>		Do you work in any hazardous locations?	
		Do you take part in any hazardous activities or contact sports?	

#### OFF SHORE LIABILITY

<b>Offshore</b>	8.	Nature of work	
		Please list geographical Areas of work	
		Number of people working offshore	
		Total number of offshore 'work days' per year	
		Value of Offshore Contracts	£

**CLAIMS HISTORY**

**Claims History**

9. a) Has any claim ever been brought against you arising out of the performance of your business activities or has anyone Threatened to bring such a claim? Yes  No

If Yes, please give details

b) Are you aware of any shortcomings in your work for a Client, which is likely to lead to a claim against you? This includes Yes  No

- (i) a shortcoming known to you but not your client which you cannot reasonably put right;
- (ii) a complaint from your client about your work or anything you have supplied which cannot be immediately resolved;
- (iii) an escalating level of complaint from your client on a particular project;
- (iv) a client withholding payment due to you after any complaint.

If Yes, please give details

c) Have you suffered from any loss from the dishonesty or malice of any employee or self-employed freelance? Yes  No

Do you currently have any grounds for suspecting that such a person has acted dishonestly or maliciously when working for you or on your behalf? Yes  No

If YES, please provide full details:

**MATERIAL INFORMATION**

Please note your obligations with respect to material facts. Material facts are those which may affect the insurers assessment of the risk. This duty of disclosure is imposed on policyholders by the legal principle of Utmost Good Faith and clauses in the policy. It arises at inception, renewal and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance, or the cover provided under your insurance policy.

**DECLARATION**

1. I/We declare that

- (a) this quote request form has been completed after proper enquiry;
- (b) its contents are true and accurate
- (c) all matters which may be relevant to the consideration of your needs for insurance have been disclosed.
- (d) the proposer has never
  - i) had insurance refused, renewal declined or special terms applied
  - ii) had any criminal convictions, prosecutions pending or subject to an investigation that may lead to prosecution (other than motoring offences)
  - iii) been declared bankrupt or insolvent or been disqualified from being a company director

2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

3. I/We agree that completing this quote request does not bind me/us, the broker or the insurer into entering into a contract of insurance.

**Signature of Proposer**

**Date**

**A copy of this form should be retained for your records.**